

Case Number:	CM15-0136077		
Date Assigned:	07/27/2015	Date of Injury:	08/31/1993
Decision Date:	09/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male, who sustained an industrial injury on August 31, 1993. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a herniated disc at lumbar 4-lumbar 5 greater than lumbar 5-sacral 1 with right sciatica. Diagnostic studies were not included in the provided medical records. Treatment to date has included medications including opioid analgesic, muscle relaxant, and anti-anxiety. There were no noted previous injuries or dates of injury, and no noted co-morbidities. His current work status was not included in the provided medical records. The only provide progress note was dated February 10, 2014. On February 10, 2014, the injured worker complains of increased pain in the right lower extremity with right lumbar 5 type radiculopathy. He has sacral 1 type of radiculopathy in the right lower extremity with pain radiating into three toes of the right foot. He complains of worsened back pain with persistent moderate to severe spasms in the lower back at times and the right side with sciatica. The physical exam revealed a mildly crouched gait, decreased forward flexion of the lower back, moderate spasm in the right paravertebral region from lumbar 3 to the sacrum with tenderness of the right lumbar 5 facet area, right lumbar 5-sacral 1 type radiculopathy, a positive Lasegue's sign at 30 degrees, and a positive right Patrick's test. He was unable to lift the right lower extremity past 30 degrees without pain in the entire right lower extremity and lower back. The treatment plan includes continuing Norco, Soma, and Xanax. Requested treatments include: Cyclobenzaprine/Lidocaine and Gabapentin/Amitriptyline/Capsaicin/Flurbiprofen/Lidocaine provided on May 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Cyclobenzaprine/Lidocaine provided on DOS 5/4/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that include the above requested ingredients. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. These MTUS guidelines also comment on the use of muscle relaxants, such as cyclobenzaprine, as a component of a topical analgesic. Muscle relaxants are not recommended for topical use. In summary, the MTUS guidelines do not support the use of a muscle relaxant such as cyclobenzaprine as a topical agent. Therefore, the compounded topical analgesic that includes cyclobenzaprine and lidocaine is not medically necessary.

**Retrospective request for
Gabapentin/Amitriptyline/Capsaicin/Flurbiprofen/Lidocaine provided on DOS
5/4/15:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics that include the above requested ingredients. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of topical gabapentin (an anti-epilepsy drug) the MTUS guidelines state that topical gabapentin is not recommended. Given that gabapentin is not recommended as a component of a topical analgesic, the compounded formula including gabapentin/amitriptyline/capsaicin/flurbiprofen/lidocaine, is not medically necessary.